

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



April 14, 2004

To: Employees at the three Regional Centers

From: Dr. Richard Raymond, Chief Medical Officer

Re: LB 1083, the Behavioral Health Services Act

Governor Johanns signed LB 1083, the Behavioral Health Services Act, into law today.

I wish it was possible to provide information about how and when LB 1083 will affect the employees who work in our Regional Centers, but we are not far enough along in the planning process to determine that at this time. For example, it is possible that a 16-bed acute and secure unit for individuals who are the hardest to serve could be retained at one of the Regional Centers. We are also actively exploring alternate uses of the campuses and buildings. However, decisions like that won't be made until we've reviewed the needed capacity for the entire state. When more concrete plans are available, they will be shared with employees.

I can tell you that the bill contains a provision that no Regional Center will close until its census is 20% or less of licensed psychiatric bed capacity. Currently, HRC is at that level because of the lack of necessary clinical staff. However, we are actively recruiting for those vacant positions. HRC continues to provide substance abuse treatment to adolescents from the Youth Rehabilitation and Treatment Centers. HRC is also taking patients from the Norfolk Regional Center who need a residential level of care not currently available in the community, while NRC has stepped up to the plate to take the majority of committed patients who would formerly have gone to HRC. The Lincoln Regional Center has also helped in this area. This level of cooperation and commitment to the people we serve is noticed and appreciated.

HHSS is working with the six Behavioral Health Regions to develop community-based services where they are needed the most. That does not mean, however, that resources are earmarked for Lincoln or Omaha only. We need services statewide, and the Regions will develop community-based services in numerous locations.

Let me share some of the specific date requirements contained in LB 1083:

- HHSS received plans on March 30 from the six Behavioral Health Regions for Phase I, which focuses on setting out how to replace HRC/NRC inpatient services with community services, how to serve persons ready for discharge from all three Regional Centers, and how to develop emergency services. HHSS will review these proposals over the next few weeks to determine whether they meet the needs statewide. The goal is to achieve uniformity in levels of acute inpatient and secure residential care through coordinated services.
- Additional plans are due from the Regions by June 25 for Phase II: Expansion of community-based services, focused on non-residential service development.
- HHSS will consider the Region plans, seek input from stakeholders during the next few months, and submit a comprehensive, detailed implementation plan to the Governor and Legislature on July 1, 2004.
- LB 1083 creates a 20-member Oversight Commission, appointed by the Chair of the Legislature's Health and Human Services Committee, to oversee and support implementation of LB 1083. HHSS will submit monthly progress reports to the Oversight Commission and the Governor. This Commission will provide written recommendations on the HHSS plan by October 1. HHSS will then have until December 2 to respond to the Oversight Commission comments.